

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

04-05-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7	1					
8		1				
9	1					
10		1				
11		1				
12		1				
13	1					
14	1					
15		1				
16		2				
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46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	18	←	←	←		
TOTAL CLAIMS	23	[QR]	[QR]	[QR]	[QR]	[QR]

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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58						
59						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		[QR]	[QR]	[QR]	[QR]	[QR]